APPLICATION DATA SHEET

APPLICATION INFORMATION

Application Number:: Unassigned

Filing Date:: April 18, 2005

Application Type:: Regular

Subject Matter:: Utility

Title:: APPARATUS AND METHOD FOR

ELONGATION OF A PAPILLARY

MUSCLE

Attorney Docket Number:: PA1724

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 5

Small Entity:: No

APPLICANT INFORMATION

Applicant Authority Type:: 1st Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: ELIOT

Family Name:: BLOOM

City of Residence:: Hopkinton

State or Province of Residence:: NH

Country of Residence: US

Street of mailing address:: 601 Putney Hill Road

City of mailing address:: Hopkinton

State/ Province of mailing address:: NH

Country of mailing address:: US

Postal/Zip Code of mailing address:: 03229

Applicant Authority Type:: 2nd Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: NASSER

Family Name:: RAFIEE

City of Residence:: Andover

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 39 Abbot Street

City of mailing address:: Andover

State/ Province of mailing address:: MA

Country of mailing address:: US

Postal/Zip Code of mailing address:: 01810

Applicant Authority Type:: 3rd Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: NAREAK

Family Name:: DOUK

City of Residence:: Lowell

State or Province of Residence:: MA

Country of Residence:: US

Street of mailing address:: 905 Lakeview Avenue

City of mailing address:: Lowell

State/ Province of mailing address:: MA

Country of mailing address:: US

Postal/Zip Code of mailing address:: 01850

CORRESPONDENCE INFORMATION

Correspondence Customer Number::

Name:: Medtronic Vascular, Inc.

Street of mailing address:: 3576 Unocal Place

City of mailing address:: Santa Rosa

State/Province of mailing address:: CA

Country of mailing address:: US

Postal/Zip Code of mailing address:: 95403

Phone Number:: (978) 739-3250

Fax Number:: (707) 543-5420

E-Mail address:: Bill.Haynes@Medtronic.com

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Claims the benefit of::	60/503,051	15 September 2003

28390

FOREIGN PRIORITY INFORMATION

Country::	Application number::	Filing Date::	Priority Claimed::
PCT	PCT/US2004/030083	15 September 2004	Yes

ASSIGNEE INFORMATION

Assignee name:: Medtronic Vascular, Inc.

Street of mailing address:: 3576 Unocal Place

City of mailing address:: Santa Rosa

State/Province of mailing address:: CA

Country of mailing address:: US

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